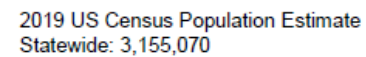


MH DS Regions Of Iowa

An abstract graphic design featuring overlapping geometric shapes in various shades of green and yellow. The composition is dynamic, with sharp angles and layered planes that create a sense of depth and movement. The colors range from deep forest green to bright, vibrant yellow-green. The shapes are primarily triangular and polygonal, some solid and some semi-transparent, allowing the colors beneath to show through. The overall effect is modern and energetic, with a strong emphasis on geometric form and color contrast.



July 1, 2021

WHAT DOES MHDS DO?

MHDS is responsible for planning, coordinating, monitoring, improving and partially funding mental health and disability services for the State of Iowa. The division engages in a wide variety of activities that promote a well-coordinated statewide system of high-quality disability-related services and supports including:

1. Setting disability policy

The division provides leadership and sets the direction of state policy for the system of mental health and disability services for Iowa. MHDS plans for and oversees the provision of disability-related services for children and adults with a wide range of disability conditions, including mental illness, serious emotional disturbance, intellectual disabilities, developmental disabilities, and brain injury. MHDS is the designated State Mental Health Authority. It is responsible for statewide planning and oversight of mental health services and distribution of federal funds received through the Community Mental Health Block Grant.

2. Service coordination

The division works with counties, advisory and planning councils, other DHS programs, and other state agencies to coordinate services. We provide staff support to the Mental Health and Disability Services Commission; the Mental Health Planning and Advisory Council; and the Olmstead Consumer Task Force, and welcome input from individuals and families.

3. Quality review

The division works with service providers to assure quality by setting standards for certain facilities and services that are provided to adults and children with mental illness, intellectual disabilities, developmental disabilities and brain injury and evaluating how well those standards are met through an accreditation process.

4. Managing grants and contracts

The division distributes and oversees the use of federal and state funding through contracts with providers or other agencies that offer services or coordinate projects that promote the division's goals.

House File 2456 was signed into law on March 29, 2018.

This legislation provides consistent access to an array of mental health and substance use disorder services and supports that address the most complex service needs.

It requires MHDS Regions to establish, implement and maintain more cores services.

These core services and access standards include:

- Treatment to ameliorate a person's condition – outpatient therapy, inpatient treatment and medication management.
- Basic Crisis Response.
- Support for community living – services that help individuals be successful in their community.
- Support for employment – services leading to and maintaining employment.
- Recovery services – coaching and guidance delivered through peer and family support.
- Services coordination including coordination of physical health and behavioral health care.

Since July 1, 2021, each region was legislatively tasked to implement a mirrored system of services for children with a Severe Emotional Disturbances.

Every region has:

An intake assessment and or application process they utilize.

Diagnostic requirements of Mental Illness, Intellectual Disability and Children with a Severe Emotional Disturbances (though regional funds may not be utilized in all circumstances)

Income requirements of 150% Poverty Level for adults and 500% for Children and co-payments may apply.

Resources requirements (general follow Medicaid resource guidelines).

A management plan which directs policies and procedures or the “rules” each region follows. Those plans can be found on the DHS website under MHDS Regions. Once approved they remain in effect until a change occurs. (<https://dhs.iowa.gov/mhds-providers/providers-regions/regions>)

Sample Application from Sioux Rivers Regional MHDS

Sioux Rivers Regional MHDS Application Form

For individuals living in: Dickinson, Emmet, Lyon, O'Brien, Plymouth, and Sioux Counties

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____ Birth Date: _____

Ethnic Background: ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other _____

Sex: ☐ Male ☐ Female

US Citizen: ☐ Yes ☐ No If you are not a citizen, are you in the country legally? ☐ Yes ☐ No

SSN# _____ Marital Status: ☐ Never married ☐ Married ☐ Divorced ☐ Separated
☐ Widowed

Legal Status: ☐ Voluntary ☐ Involuntary-Civil ☐ Involuntary-Criminal ☐ Probation ☐ Parole ☐ Jail/Prison

Are you considered legally blind? ☐ Yes ☐ No If yes, when was this determined? _____

Primary Phone #: _____ May we leave a message? ☐ Yes ☐ No

Current Address: _____
Begin Date _____ Street _____ City _____ State _____ Zip _____ County _____

I live: ☐ Alone ☐ With Relatives ☐ With Unrelated persons

☐ Use as current Mailing Address: ☐ Yes ☐ No If not, _____

Previous Address _____
Begin Date _____ Street _____ City _____ State _____ Zip _____ County _____
End Date _____

Current Service Providers:

- | | Name | Location |
|----|-------|----------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Current Residential Arrangement: (Check applicable arrangement)

☐ Private Residence ☐ Foster Care/Family Life Home ☐ Correctional Facility ☐ Homeless/Shelter/Street
☐ Other _____

Veteran Status: ☐ Yes ☐ No Branch & Type of Discharge: _____ Dates of Service: _____

Current Employment: (Check applicable employment)

<input type="checkbox"/> Unemployed, available for work	<input type="checkbox"/> Unemployed, unavailable for work	<input type="checkbox"/> Employed, Full time
<input type="checkbox"/> Employed, Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Work Activity	<input type="checkbox"/> Sheltered Work Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____

Current Employer: _____ Position: _____

Dates of employment: _____ Hourly Wage: _____ Hours worked weekly: _____

Employment History: (list starting with most recent to previous.)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				

Education: What is the highest level of education you achieved? ____ # of years ____ Degree

Emergency Contact Person:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Guardian/Conservator appointed by the Court? ☐ Yes ☐ No
Protective Payee Appointed by Social Security? ☐ Yes ☐ No

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--	--

List All People In Household:

Name	Age	Relationship	Social Security Number
1.			
2.			
3.			
4.			
5.			

INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc. *See attachment A

If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

Gross Monthly Income (before taxes): (Check Type & fill in amount)	Applicant Amount:	Others in Household Amount:
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Dividends, Interest, Etc	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Other	_____	_____
Total Monthly Income:	_____	_____

Household Resources: (Check and fill in amount and location):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash		
<input type="checkbox"/> Checking Account		
<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Certificates of Deposit		
<input type="checkbox"/> Trust Funds		
<input type="checkbox"/> Stocks and Bonds (cash value?)		
<input type="checkbox"/> Burial Fund/Life Ins (cash value?)		
<input type="checkbox"/> Retirement Funds (cash value?)		
<input type="checkbox"/> Other		

Total Resources:

Motor Vehicles: ☐Yes ☐No Make & Year: _____ Estimated value: _____
(include car, truck, motorcycle, boat, Make & Year: _____ Estimated value: _____
recreational vehicle, etc.) Make & Year: _____ Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in? ☐Yes ☐NoAny other real estate or land? ☐Yes ☐No Other? _____ ☐Yes ☐No

If yes to any of the above, please explain:

Have you sold or given away any property in the last five (5) years? ☐Yes ☐No If yes, what did you sell or give away?

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

☐Applicant Pays ☐Medicaid ☐Family Planning only
☐Medicare A, B, D ☐Medically Needy ☐MEPD
☐No Insurance ☐Private Insurance ☐HAWK-I

Company Name _____

Address _____

Policy Number: _____
(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐Yes ☐No

Spend down: _____ Deductible: _____

☐Applicant Pays ☐Medicaid ☐Family Planning only
☐Medicare A, B, D ☐Medically Needy ☐MEPD
☐No Insurance ☐Private Insurance ☐HAWK-I

Company Name _____

Address _____

Policy Number _____
(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐Yes ☐No

Spend down: _____ Deductible: _____

Referral Source:

☐Self ☐Community Corrections ☐Family/Friend ☐Social Service Agency
☐Targeted Case Management ☐Other _____ ☐Other Case Management

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral)

Has your application been Approved or Denied?

If denied and you appealed, what is the date of appeal _____

Have you applied for reconsideration?

Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing: _____

☐Social Security _____ ☐SSDI _____ ☐Medicare _____

☐SSI _____ ☐Medicaid _____ ☐DHS Food Assistance: _____

☐Veterans _____ ☐Unemployment _____ ☐FIP _____

☐Other _____

Disability Group/Primary Diagnosis: (If known)

☐Mental Illness ☐Chronic Mental Illness ☐Intellectual Disability ☐Developmental Disability ☐Substance Abuse ☐Brain Injury

Specific Diagnosis determined by: _____ **Date:** _____

Axis I: _____ **Dx Code:** _____

Axis II: _____ **Dx Code:** _____

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

I certify that the above information is true and complete to the best of my knowledge, and I authorize Sioux Rivers Regional MHDS staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of Sioux Rivers Region to establish my ability to pay for the services requested, and to assure the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) **Date**

Signature of other completing form if not Applicant or Legal Guardian **Date**

CONSENT TO OBTAIN AND RELEASE INFORMATION

Sioux Rivers Regional MHDS

Authorization for Use or Disclosure of Protected Health Information

NOTE: A PHOTOCOPY OF THIS SIGNED AUTHORIZATION IS HEREBY AS EFFECTIVE AS THE ORIGINAL.

Authorization Section:

Name of Client:		
Date of Birth:	SS#:	Medical Record#:
Daytime Phone #:	Evening Phone #:	
City:	State:	Zip Code:

I, the undersigned, hereby authorize the Entity staff to release the information indicated below, regarding the above-named client, with the following provider or agency:

Name of Person or Agency

Complete Mailing Address

Information to be released, obtained and/or shared may include:

<input type="checkbox"/> Psychiatric Evaluation/Assessment/Admit Report	<input type="checkbox"/> Individual Comprehensive Plan
<input type="checkbox"/> Social History	<input type="checkbox"/> Agency participation, plans, and progress reports
<input type="checkbox"/> Psychiatric History	<input type="checkbox"/> Financial Information
<input type="checkbox"/> Medical record information (including diagnosis information, medications, allergies, and medical history)	
<input type="checkbox"/> Psychological Evaluation/Report	<input type="checkbox"/> Face Sheet
<input type="checkbox"/> Discharge Summaries	
<input type="checkbox"/> Other (Please specify):	

Information being released will be used for the following purpose:

- ☐ Coordination of Treatment
- ☐ Continuation of Care
- ☐ Determination of Benefit eligibility
- ☐ Referral for New Services
- ☐ Monitoring of Services
- ☐ Other (Please specify):

I understand this information shall be kept confidential and shall be used for the delivery of my services. I understand that I have a right to see this information at any time. I understand that this health information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by signing this form, I am specifically authorizing the release of information relating to:

☐ Substance Abuse (including alcohol/drug abuse)

☐ Mental Health (other than Psychotherapy Notes)

☐ HIV related information (including AIDS related testing)

X _____

Signature of Client/Parent/Legal Guardian Date

This authorization shall expire on:_____

I understand that I may revoke my consent to this release at any time by providing written notification to:

Sioux Rivers-Dickinson/Emmet Co.	Sioux Rivers-Lyon County	Sioux Rivers-Plymouth Co.	Sioux Rivers Sioux/O'Brien Co.
1802 Hill Ave, Ste. 2502	315 First Ave., #200	19 2 nd Ave. NW	210 Central Ave., SW, Box 233
Spirit Lake, IA 51360	Rock Rapids, IA 51246	LeMars, IA 51031	Orange City, IA 51041
Phone: 712-336-0775	Phone: 712-472-8240	Phone: 712-546-4352	Phone: 712-737-2999

Authorization for the Use or Disclosure of Confidential Information

Counties and Mental Health and Disability Services Regions in the State of Iowa (referred to hereafter as "Entity")

NOTE: A PHOTOCOPY OF THIS SIGNED AUTHORIZATION IS HEREBY AS EFFECTIVE AS THE ORIGINAL

As required by the Health Insurance Portability and Accountability Act of 1996, the Entity may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization. Additionally, Iowa Code §§ 228, 35B, 141A and 252.25 require authorization for the release of certain confidential information. Your signature on this form indicates that you are giving permission for the use and disclosures of protected health information and other confidential information described herein. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning the signed revocation section to this office.

AUTHORIZATION SECTION

Client Name: _____ Date of Birth: _____ Client #: _____

Address: _____

I, the undersigned, hereby authorize the Entity staff to release the information indicated below, regarding the above named client, with any Iowa counties or Iowa Mental Health and Disability Services Regions ("Regions") listed on Exhibit A, attached hereto, and/or with providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, law enforcement agencies, and community non-profit agencies providing financial assistance (a list of the current affiliated case management entities, law enforcement agencies, community non-profit agencies providing financial assistance and other providers is available upon request), with the exception of the following Iowa counties, Regions or other entities: _____.

The undersigned authorizes the Iowa counties and Regions listed on Exhibit A, and/or the case management and other providers who are affiliated with the Iowa counties or Regions listed on Exhibit A, to share the following information with each other for the purposes identified below.

Information to be disclosed includes:	For the following purposes:
To law enforcement agencies, providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, and/or community non-profit agencies providing financial assistance: Care Team Information, Address type, Insurance Information, Events, All applications, Employment Information, Resources and Income, and Name of person and entity that entered your information. This does not include any information related to HIV/AIDS related testing, mental health, or substance use disorder treatment information.	In keeping with national, state and local efforts to enhance care coordination, parties will access/disclose records for the purposes of: coordinating treatment/care, determining benefit eligibility, obtaining authorizations, jail based service coordination, coordinating the funding for services and other benefits available to you, and assisting with state and federal reporting requirements.
To Iowa counties and Regions listed on Exhibit A and/or case management agencies: Billing information, including claims payment and claims history; Funding authorizations; Other services received including hospitalizations; Medical record including diagnosis information; Employment information; Education information; Resources and Income; Medical History; Medications; Allergies; Case Management information including: service plans, social history, discharge summaries and client contact information; and All applications, investigation reports, and case records related to county general assistance and county commissions of veteran affairs described in Iowa Code § 252.25 and § 35B.10.	Parties will access/disclose records for the purposes of: coordinating treatment, paying claims, determining benefit eligibility, obtaining authorizations, jail based service coordination, funding for services and abiding by state and federal reporting requirements.
SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW I hereby specifically authorize the release and sharing of information with Iowa Counties and Regions listed on Exhibit A and/or case management agencies, relating to: (check any that apply) NOTE: This authorization for release of information does not authorize the release and/or sharing of information relating to substance use disorder treatment.	

☐ HIV/AIDS Related Testing Information

☐ Mental Health Information (NOTE: This Authorization may not be used to authorize the use or disclosure of psychotherapy notes. The client has the right to inspect any disclosed Mental Health information at any time. If Mental Health Information is disclosed, a copy of this Authorization shall be included in the client's record of Mental Health Information).

Expiration Date. This Authorization is in effect from the date of your signature until it is revoked, unless a different date is listed below:

☐ ____ / ____ / ____ (specify date).

This authorization may be revoked at any time by signing the revocation section on your copy of this form and returning it to the Entity at the address listed at the top of this form, except to the extent that action has been taken in reliance on this Authorization. You are not required to sign this Authorization as a condition of obtaining treatment, payment, enrollment or eligibility for benefits. You may inspect and/or copy the information disclosed. Some information disclosed pursuant to this Authorization potentially could be subject to redisclosure by the recipient, and if redisclosed, the information would no longer be protected by the federal privacy rule.

By signing below, I acknowledge that I have read and I understand this Authorization form. I also acknowledge receipt of a copy of this Authorization form.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the client, please indicate relationship:

☐ parent or guardian of minor client

☐ guardian or conservator of a client (if and to the extent authorized under State law)

☐ personal representative of deceased client

☐ other (specify) _____

Copy sent to Client/Guardian on: _____ (date) at following address: _____

Regional Multi Party Release for the Community Services Network

All regions offer Coordination of services and funding with all available funding streams (including but not limited to):

Department of Human Services -Waiver/Medicaid and Managed Care Organization

Iowa Department of Vocational Rehabilitation

Integrated Health Home Services

Private Agencies

Community Mental Health Centers and Independent Mental Health Providers

Community Action Agencies

Public Health Agencies

Area Aging Associations

Area Education Agencies

Regions are the funder of last resort

MHDS Regional CEO Contacts

Regions	Counties in the Region	CEO	Email Address	Mailing Address				Phone	Fax
Care Connections of Northern Iowa	Clay, Kossuth, Osceola, Palo Alto, Winnebago, Worth	Melissa Loehr	mloehr@ccnia.org	215 West 4th, Suite 6		Spencer, IA	51301	712-264-3945	712-262-9016
Central Iowa Community Services	Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, Wright	Russell Wood	Russell.Wood@cicsmhds.org	123 1st Ave SW	P.O. Box 58	Hamton, IA	50441	641-456-2128	641-456-2852
County Rural Offices of Social Services (CROSS)	Decatur, Clarke, Lucas, Marion, Monroe, Ringgold, Wayne	Rachel Cecil	Rachel.Cecil@crossmhds.org	2003 N Lincoln Street		Knoxville, IA	50138	641-828-2238	641-842-3442
County Social Services (CSS)	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	Mary McKinnell	mmckinnell@countysocialservices.org	1407 Independence Avenue, 4th Floor		Waterloo, IA	50703	319-239-1879	319-291-2628
Eastern Iowa MHDS Region	Cedar, Clinton, Jackson, Muscatine, Scott	Lori Elam	lori.elam@scottcountyiowa.com	600 W 4th St		Davenport	52801	563-326-8723	563-326-8730
Heart of Iowa Region	Audubon, Guthrie, Dallas	Darci Alt	darci.alt@dallascountyiowa.gov	Dallas County Community Services	25747 N Avenue	Adel, IA	50003	515-993-1736	515-993-5872
Mental Health/Disability Services of the East Central Region (MHDS-ECR)	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn	Mae Hingtgen	Mae.Hingtgen@dubuquecounty.us	210 Jones St	Suite 203	Dubuque, IA	52001	563-239-0013	563-589-7884
Polk County MHDS Region	Polk	Liz Cox	lcox@pchsia.org	Polk County River Place	2309 Euclid Avenue	Des Moines, IA	50310	515-243-0867	515-243-8447
Rolling Hills Community Services Region	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac, Woodbury,	Dawn Mentzer	dmentzer@bvcountyiowa.com	605 Cayuga St.	P.O. Box 253	Storm Lake, IA	50588	712-749-2556	712-749-2707
Sioux Rivers Mental Health and Disabilities Services	Dickinson, Emmet, Lyon, O'Brien, Plymouth, Sioux	Shane Walter	shanew@siouxcounty.org	210 Central Ave SW, Courthouse	P.O. Box 233	Orange City, IA	51041	712-737-2999	712-707-9243
South Central Behavioral Health Region	Appanoose, Davis, Mahaska, Wapello	Jennifer Robbins	Jennifer.Robbins@scbhr.net	110 E Main		Ottumwa, IA	52501	641-683-4576	641-683-8370
Southeast Iowa Link (SEIL)	Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Washington, Van Buren	Ryanne Wood	rwood@LeeCounty.org	307 Bank Street	PO Box 937	Keokuk, IA	52632	319-524-1052	319-526-8564
Southern Hills Regional Mental Health	Adair, Adams, Taylor, Union	Lori Nosekabel	lnosekabel@aol.com	106 Central #106		Glenwood, IA	51534	712-525-1337	712-525-1249
Southwest Iowa MHDS Region	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	Suzanne Watson	swatson@swiamhds.org	227 S. 6th St., Suite 128		Council Bluffs, IA	51501	712-328-5643	712-328-5668

<https://dhs.iowa.gov/mhds-providers/providers-regions/regions>

Regional Coordinators of Disability Services

Region	County/COUNTIES	Coordinator of Disability Services	Address	City	Zip	Phone	Fax	E-mail
Care Connections of Northern Iowa	Clay, Osceola	Marlee Christoffel	215 W 4th St Suite 6	Spencer	51301	712-264-3945	712-262-9016	mchristoffel@conia.org
	Kossuth, Winnebago, Worth	Anna Miller	216 W 4th St Suite 6	Spencer	51301	712-264-3946	712-262-9016	amiller@conia.org
	Palo Alto	Sandy Pelzer	215 W 4th St Suite 6	Spencer	51301	712-264-3945	712-262-9016	spelzer@conia.org
Central Iowa Community Services	Boone	Kim Schomaker	900 W 3rd St	Boone	50036	515-433-4883	515-432-2480	Kim.Schomaker@cicsmhds.org
	Cerro Gordo	Jessica Crawford	220 N Washington Ave.	Mason City	50401	641-494-3551	641-494-3555	jessica.crawford@cicsmhds.org
	Cerro Gordo	Starla Varrelman	220 N Washington Ave.	Mason City	50401	641-494-3550	641-494-3555	starla.varrelman@cicsmhds.org
	Franklin	Robin McKee	123 1st Ave SW PO Box 58	Hampton	50441	641-456-2128	641-456-2852	Robin.McKee@cicsmhds.org
	Greene	Kim Schomaker	114 N Chestnut	Jefferson	50129	515-386-5686	515-386-2216	kim.schomaker@cicsmhds.org
	Hamilton	Carrie Hisler	500 Fairmeadow Dr	Webster City	50595	515-832-9550	515-832-9554	Carrie.Hisler@cicsmhds.org
	Hancock	Jessica Crawford	545 State St., Suite #1	Garnier	50438	641-494-3551	641-494-3555	jessica.crawford@cicsmhds.org
	Hardin	Jodi Hamilton	1201 14th Ave	Eldora	50627	641-939-8165	641-939-8247	Jodi.Hamilton@cicsmhds.org
	Jasper	Jarica White	115 N 2nd Ave E	Newton	50208	641-841-1167	641-787-1302	Jarica.White@cicsmhds.org
	Madison	Christy Christenson	112 John Wayne Dr.	Winterset	50273	515-493-1453	515-493-1186	Christy.Christenson@cicsmhds.org
	Marshall	Lisa Soder	11 N. 1st Ave. POBox 1354	Marshalltown	50158	641-754-6390	641-754-6391	Lisa.Soder@cicsmhds.org
	Poweshiek	Brenda Daily	200 4th Avenue West.	Grinnell	50112	641-236-9199	641-236-1349	Brenda.Daily@cicsmhds.org
	Story	Nikki Sprecher	126 S. Kellogg Ave Suite 001	Ames	50010	515-663-2939	515-663-2940	Nikki.Specher@cicsmhds.org
	Webster	Brittany Baker	308 Central Ave.	Fort Dodge	50501	515-573-1485	515-573-1487	brittany.baker@cicsmhds.org
	Wright	Jen Sheehan	120 1st Ave. NW, Suite #1	Clarion	50525	515-532-3309	515-532-6064	jen.sheehan@cicsmhds.org
	Warren	Jess Van De Vort	1007 S. Jefferson Way	Indianola	50125	515-961-1075	515-961-1142	jess.vandevoort@cicsmhds.org
County Rural Offices of Social Services (CROSS)	Clarke	Mary DeLong	100 S Main	Osceola	50144	641-414-2968	641-342-1592	Mary.delong@crossmhds.org
	Decatur	Tammy Harrah	201 NE Idaho St.	Leon	50144	641-446-7178	641-446-8208	Tammy.Harrah@crossmhds.org
	Lucas	Kathryn Egbert	125 South Grand	Chariton	50049	641-774-0423	641-774-4383	Kathryn.egbert@crossmhds.org
	Marion	Tiffany Hopkins	2003 N Lincoln, PO Box 152	Knobville	50138	641-828-8149 ext 101	641-842-3442	Tiffany.Hopkins@crossmhds.org
	Monroe	Katie Fisher	1801 South B Street	Albia	52531	641-932-2427	641-932-2578	katie.fisher@crossmhds.org
	Ringgold	Becky Fletchall	109 West Madison	Mount Ayr	50854	641-464-0691	641-464-2476	Becky.Fletchall@crossmhds.org
	Wayne	Mendy Middlebrook	Courthouse, PO Box 435	Corydon	50060	641-872-1301	641-872-2843	Mendy.Middlebrook@crossmhds.org
	County Social Services (CSS)	Todd Rickert	706 H Avenue, Ste 1	Grundy Center	50638	319-939-6472	319-824-6921	trickert@countysocialservices.org
Eastern Iowa MHDS Region	Cedar	Julie Tschuk	400 Cedar St	Tipton	52772	563-886-1726	563-886-1437	jtschuk@cedarcounty.org
	Clinton	Becky Eskildsen	PO Box 2957	Clinton	52732	563-244-0563	563-243-9027	beskildsen@clintoncounty-ia.gov
	Jackson	Lynn Bopes	201 W Platt St	Maquoketa	52060	563-652-4246	563-652-0337	lbopes@co.jackson.ia.us
	Muscatine	Felicia Toppert	315 Iowa Ave, Suite 1	Muscatine	52761	563-263-7512	563-262-9378	felicia.toppert@co.muscatine.ia.us
	Scott	Lori Elam	600 W 4th St	Davenport	52801	563-326-8723	563-326-8730	lori.elam@scottcountyiaowa.com
Heart of Iowa Community Services	Audubon, Dallas, Guthrie	Brandon Tews	25747 N Avenue	Adel	50003	515-993-1736	515-993-5872	brandon.tews@dallascountyiaowa.gov
Mental Health/Disability Services of the East Central Region (MHDS-ECR)	Benton	Mona Krugger	811 D Ave Ste 33	Vinton	52349	319-472-4743	319-472-4744	mkrugger@co.benton.ia.us
	Bremer	Jan Heidemann	203 1st Ave NE	Waverly	50677	319-352-2993	319-352-2997	jheidemann@co.bremer.ia.us
	Buchanan	Julie Davison	210 5th Ave NE	Independence	50644	319-334-7450	319-334-7495	jdavison@co.buchanan.ia.us
	Delaware	Peggy Pelton	601 Grant St	Manchester	52057	563-927-5116	563-927-6844	delcoopo@co.delaware.ia.us
	Dubuque	Ann Cameron Williams	210 Jones Street, Suite 203	Dubuque	52001	563-589-7870	563-589-4478	awilliams@ecriowa.us
	Iowa		495 4th Avenue	Conroy	52220	319-662-4245		iacoopo@iowatelecom.net
	Johnson	Jan Shaw	855 S Dubuque St	Iowa City	52240	319-339-6169	319-337-2621	jshaw@co.johnson.ia.us
	Jones	Lucia Herman	105 Broadway Pl Ste 2, PO Box 427	Anamosa	52205	319-462-4457	319-462-5804	Lherman@ecriowa.us
	Linn	Jody Bridgewater	1240 26th Avenue Court SW	Cedar Rapids	52404	319-892-5671	319-892-5679	jody.bridgewater@linncounty.org
	Polk County MHDS Region	Annie Uetz	Polk County River Place, 2309 Euclid Ave	Des Moines	50310	(515) 883-1597	515-243-8447	a.uetz@pchsia.org
	Polk	Maria Walker	Polk County River Place, 2309 Euclid Ave	Des Moines	50310	(515) 883-1596	515-243-8448	m.walker@pchsia.org
	Polk	Sara Lupkes	Polk County River Place, 2309 Euclid Ave	Des Moines	50310	(515) 243-6490	515-243-8449	s.lupkes@pchsia.org

Regional Coordinators of Disability Services

Region	County/COUNTIES	Coordinator of Disability Services	Address	City	Zip	Phone	Fax	E-mail
Rolling Hills Community Services Region	Buena Vista	Lisa Bringle	605 Cayuga St, PO Box 253	Storm Lake	50588	712-749-2556	712-749-2707	lbringle@co.cherokee.ia.us
	Calhoun	Leisa Mayer	515 Court St, PO Box 71	Rockwell City	50579	712-297-5292	712-297-5309	lmayer@calhouncountyiowa.com
	Carroll	Louise Gallorath	608 North Court St Suite A	Carroll	51401	712-792-1234	712-792-1235	lgallorath@carrollcounty.org
	Cherokee	Lisa Bringle	Courthouse, 520 W Main St, Drawer B	Cherokee	51012	712-225-6700	712-749-2707	lbringle@co.cherokee.ia.us
	Crawford	Louise Gallorath	1202 Broadway	Derison	51442	712-263-2720	712-263-8351	lgallorath@carrollcounty.org
	Humboldt	Alison Hauser	203 Main Street	Dakota City	50529	515-259-0515	515-332-2289	ahauser@pocahontascounty.iowa.gov
	Ia	Louise Gallorath	401 Moorehead St.	Ia Grove	51445	712-364-2385	712-364-4471	lgallorath@carrollcounty.org
	Pocahontas	Alison Hauser	23 3rd Ave NE	Pocahontas	50574	515-259-0515	712-335-4228	ahauser@pocahontascounty.iowa.gov
	Sac	Leisa Mayer	1710 West Main	Sac City	50583	712-662-7998	712-662-7762	lmayer@calhouncountyiowa.com
	Woodbury	Theresa Jochum	1211 TriView Avenue	Sioux City	51103	712-279-6459	712-279-6558	tjochum@woodburycountyiowa.gov
Sioux Rivers Mental Health and Disabilities Services	Woodbury	Julie Albright	1211 TriView Avenue	Sioux City	51103	712-279-6459	712-279-6558	jalbright@woodburycountyiowa.gov
	Dickinson	Beth Will/Sue Duhn	1802 Hill Ave, Suite 2502	Spirit Lake	51360	712-336-0775	712-336-4961	bwil@co.dickinson.ia.us
	Emmet	Beth Will	609 1st Ave. North	Estherville	51334	712-336-0775	712-336-4961	bwil@co.dickinson.ia.us
	Lyon	Lisa Rockhill	315 1st Ave Suite 200	Rock Rapids	51246	712-472-8420	712-472-2261	lrockhill@co.lyon.ia.us
	O'Brien	Beth Will	155 S Hayes Ave	Primghar	51245	712-336-0775	712-336-4961	bwil@co.dickinson.ia.us
	Plymouth	Sharon Nieman	19 2nd Avenue NW	Le Mars	51031	712-546-4352	712-548-4031	snieman@co.plymouth.ia.us
	Sioux	Mavis Anema	210 Central Ave SW, PO Box 233	Orange City	51041	712-737-2999	712-737-9243	mavisa@siouxcounty.org
South Central Behavioral Health Region	Appanoose	Stephanie Koch	201 North 12th St, PO Box 425	Centerville	52544	641-856-2085	641-856-4007	Stephanie.Koch@scbhr.net
	Davis	Staci Veach	712 S West Street, Suite 4; PO Box 204	Bloomfield	52537	641-664-1993	641-664-1435	Staci.Veach@scbhr.net
	Mahaska	Heather Gross	301 1st Avenue E	Oksaloosa	52577	641-673-0410	641-676-1053	Heather.Gross@scbhr.net
	Wapello	Miranda Tucker	110 E. Main	Ottumwa	52501	641-683-4576	641-683-8370	Miranda.Tucker@scbhr.net
Southeast Iowa Link (SEIL)	Des Moines	Ken Hyndman	910 Cottonwood Ct, Suite 1000	Burlington	52601	319-754-8556 x2504	319-754-4891	hyndmank@dmccounty.com
	Henry	Sarah Bemati	106 N Jackson St, Ste 102	Mt Pleasant	52641	319-385-4050	319-385-1948	sbemati@henrycountyiowa.us
	Jefferson	Sandy Stever	51 West Briggs Ave	Fairfield	52556	641-472-8637	641-472-8056	sandy.stever@jeffersoncountymhds.com
	Keokuk	Tami Gilliland	615 S. Jefferson St	Sigourney	52591	641-622-2383	641-622-2166	commssvcs@keokukcountyia.com
	Lee	Ryanne Wood	PO Box 937, 307 Bank St	Keokuk	52632	319-524-1052	319-526-8564	rwood@leecounty.org
	Louisa	Bobbie Wulf	503 Franklin St, Suite 1	Wapello	52653	319-523-5125	319-523-2412	bwulf@co.washington.ia.us
	Van Buren	Sandy Stever	PO Box 475, 404 Dodge St	Keosauqua	52565	614-919-6776	641-472-8056	sandy.stever@jeffersoncountymhds.com
Southern Hills Regional Mental Health	Washington	Bobbie Wulf	PO Box 902, 2175 Lexington Blvd - Bldg #2	Washington	52353	319-653-7751	319-653-7755	bwulf@co.washington.ia.us
	Adair, Adams, Taylor, Union	Lori Nosekabel	106 Central #106	Glenwood	51534	712-525-1337	712-525-1249	lnosekabel@aol.com
Southwest Iowa MHDS Region	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	Mary-Beth Roskens	227 S. 6th St., Suite 128	Council Bluffs	51501	712-328-5812	712-328-5668	mroskens@swianmhs.org

<https://dhs.iowa.gov/mhds-providers/providers-regions/regions>

Regional Coordinators of Children's Behavioral Health Services

Region	County/Countries	Coordinator of Children Services	Address	City	Zip	Phone	Fax	E-mail
Care Connections of Northern Iowa	Clay, Osceola	Marlee Christoffel	215 W 4th St Suite 6	Spencer	51301	712-264-3945	712-262-9016	mchristoffel@ccnia.org
	Kossuth, Palo Alto, Winnebago, Worth	Sandy Pelzer	215 W 4th St Suite 6	Spencer	51301	712-264-3945	712-262-9016	spelzer@ccnia.org
Central Iowa Community Services (CICS)	Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, Wright	Robin McKee	PO Box 58	Hampton	50441	641-456-2128	641-456-2852	robin.mckee@cicsmhds.org
CROSS	Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	Britney Hicken	2003 N Lincoln	Knoxville	50138	641-414-9890	641-842-3342	brinney.hicken@cicrossmhds.org
County Social Services (CSS)	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	Emma Hall	PO Box 586	Nora Springs	50458	641.251.1043	833-520-4869	ehall@countysocialservices.org
Eastern Iowa MHDS Region	Cedar	Julie Tischuk	400 Cedar St	Tipton	52772	563-886-1726	563-886-1437	jtischuk@cedarcounty.org
	Clinton	Becky Eskildsen	PO Box 2957	Clinton	52732	563-244-0563	563-243-9027	beskildsen@clintoncounty-ia.gov
	Jackson	Lynn Bopes	201 W Platt St	Maquoketa	52060	563-652-4246	563-652-0337	lbopes@co.jackson.ia.us
	Muscatine	Felicia Toppert	315 Iowa Ave, Suite 1	Muscatine	52761	563-263-7512	563-262-9378	felicia.toppert@co.muscatine.ia.us
	Scott	Lori Elam	600 W 4th St	Davenport	52801	563-326-8723	563-326-8730	lori.elam@scottcountyiowa.com
Heart of Iowa Community Services	Audubon, Dallas, Guthrie	Brandon Tews	25747 N Avenue	Adel	50003	515-993-1722	515-993-5872	brandon.tews@dallascountyiowa.gov
Mental Health/Disability Services of the East Central Region (MHDS-ECR)	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn	Lucia Herman	105 Broadway Place, Suite 2	Anamosa	52205	319-462-4457	319-462-5804	lherman@co.lones.ia.us
Polk County MHDS Region	Polk	Julie Gibbons	Polk County River Place, 2309 Euclid Ave	Des Moines	50310	515-243-0867	515-243-8447	lgibbons@cochslia.org
Rolling Hills Community Services Region	Buena Vista	Lisa Bringle	605 Cayuga St, PO Box 253	Storm Lake	50588	712-749-2556	712-749-2707	lbringle@co.cherokee.ia.us
	Calhoun	Leisa Mayer	515 Court St, PO Box 71	Rockwell City	50579	712-297-5292	712-297-5309	lmayer@calhouncountyiowa.com
	Carroll	Louise Gallbraith	608 North Court St Suite A	Carroll	51401	712-792-1234	712-792-1235	lgallbraith@crawfordcounty.org
	Cherokee	Lisa Bringle	Courthouse, 520 W Main St, Drawer B	Cherokee	51012	712-225-6700	712-749-2707	lbringle@co.cherokee.ia.us
	Crawford	Louise Gallbraith	1202 Broadway	Denison	51442	712-263-2720	712-263-8351	lgallbraith@crawfordcounty.org
	Humboldt	Alison Hauser	203 Main Street	Dakota City	50529	515-259-0515	515-332-2289	ahauser@pocahontascounty.iowa.gov
	Ida	Louise Gallbraith	401 Moorehead St.	Ida Grove	51445	712-364-2385	712-364-4471	lgallbraith@crawfordcounty.org
	Pocahontas	Alison Hauser	23 3rd Ave NE	Pocahontas	50574	515-259-0515	712-335-4228	ahauser@pocahontascounty.iowa.gov
	Sac	Leisa Mayer	1710 West Main	Sac City	50583	712-662-7998	712-662-7762	lmayer@calhouncountyiowa.com
	Woodbury	Theresa Jochum	1211 TriView Avenue	Sioux City	51103	712-279-6459	712-279-6558	tjochum@woodburycountyiowa.gov
	Woodbury	Julie Albright	1211 TriView Avenue	Sioux City	51103	712-279-6459	712-279-6558	jalbright@woodburycountyiowa.gov
Sioux Rivers MHDS	Dickinson, Emmet, Lyon, O'Brien, Plymouth, Sioux	Sharon Nieman	19 2nd Avenue NW	Le Mars	51031	712-546-4352	712-548-4031	snieaman@co.plymouth.ia.us
South Central Behavioral Health Region	Appanoose, Davis, Mahaska, Wapello	Megan Logan	110 E Main	Ottumwa	52501	641-683-4576	641-683-8370	Megan.Logan@scbhr.net
Southeast Iowa Link (SEIL)	Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, Washington	Tami Gilliland	615 S. Jefferson St	Sigourney	52591	641-622-2383	641-622-2166	commmvcs@keokukcountyia.com
Southern Hills Regional Mental Health	Adair, Adams, Taylor, Union	Morgan Christensen	1003 Cottonwood Rd.	Creston	50801	641-782-8457	641-782-7048	mchristensen@crossroadsbhs.org
Southwest Iowa MHDS Region	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	Mary-Beth Roskens	227 S. 6th St., Suite 128	Council Bluffs	51501	712-328-5812	712-328-5668	mroskens@swiamhds.org